

OF LABOR  
 DISCLOSURE

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**Alternative Reporting And Disclosure Statement  
 For Nonqualified Deferred Compensation Plans**

To: Top Hat Plan Exemption  
 Employee Benefits Security Administration  
 Room N 1513  
 U.S. Department of Labor  
 200 Constitution Ave. N.W.  
 Washington, DC 20210

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: Hometown America LLC
2. The mailing address of the Employer is: 150 North Wacker, Suite 2800  
Chicago, IL 60606
3. The Employer Identification Number is: 36-4196688
4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:  
One Plan covering 35 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

Hometown America LLC  
 A Delaware Limited Liability Company

By: *Thomas O'Neil*  
 Authorized Person

Dated: April 24, 2006



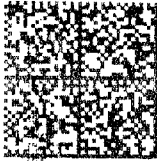
**Hometown**  
**AMERICA**  
COMMUNITIES

**MADDEN**

150 North Wacker Drive, Suite 2800  
Chicago, Illinois 60606

CHICAGO IL 606

24 APR 2006



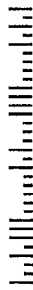
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